

ANNUAL STATEMENT

For the Year Ending December 31, 2007 OF THE CONDITION AND AFFAIRS OF THE

HealthPlus of Michigan, Inc.

NAIC Group Code	3409 ,	3409 (Prior Period)	NAIC Company Code _	95580	Employer's ID Number	38-2160688
Organized under the Laws of	,	Michigan	, State of Dom	nicile or Port of Entry	N	1ichigan
Country of Domicile	Unite	ed States of America				
Licensed as business type:	Life, Accident & Health Dental Service Corpor Other[ ]	ration[] Vision	rty/Casualty[ ] Service Corporation[ ] O Federally Qualified? Yes[X] I	Health Ma	Medical & Dental Service or Ir aintenance Organization[X]	ndemnity[ ]
Incorporated/Organized		08/09/1977	Comm	nenced Business	10/15/19	79
Statutory Home Office		2050 South Linden Road	<u> </u>		Flint, MI 48532	
Main Administrative Office		(Street and Number)	2050 South	n Linden Road	(City or Town, State and Zip Co	de)
	Elir	nt, MI 48532	(Street a	and Number)	(800)332-9161	
	(City or Town, S	State and Zip Code)			(Area Code) (Telephone Nu	ımber)
Mail Address		South Linden Road, P.O. Bo (Street and Number or P.O. Box			Flint, MI 48501-1700 (City or Town, State and Zip Co	de)
Primary Location of Books ar	nd Records			Street and Number)		
		MI 48532			(800)332-9161	
Internet Website Address	(City or Town, 8	State and Zip Code) www.healthplus.org			(Area Code) (Telephone Nu	imber)
Statutory Statement Contact		Matthew Andrew Mendrygal	, C.P.A.		(810)230-2179	
·		(Name) healthplus.com			(Area Code)(Telephone Number) (810)733-8966	(Extension)
	,,,,	il Address)	OFFICERS		(Fax Number)	
Dan Ellis Champney Esq., Vic Laraine Bernadette Yapo, Vic John Jacob Saalwaechter ME Dona Marie Kyle RN, BSN, Vi	e President - Health Caro, MBA, CPE, Vice President - Medical Mack Louis In Harold Leslinger Leslinger Leven Stephanie Leslinger Lave Amy Diane	e Services ent - Chief Medical Officer Management  DIRE  Barry MD e Mallon DDS ard Piesko DO ph Wascha Esq. ynn Whisiker-Lewis DO n Campbell rne Sharp	cha Ésq. Treasurer OTHERS	hristine Marie Tomcal Nancy Susan Jenkii	e Pestronk ortorice I Van Tiflin hn Flores rr DO Dwens	rams/Member Services
	higan nesee ss					
were the absolute property of the contained, annexed or referred to, deductions therefrom for the perio may differ; or, (2) that state rules of Furthermore, the scope of this atte electronic filing) of the enclosed st	said reporting entity, free and is a full and true statement d ended, and have been corpor regulations require different estation by the described offi atement. The electronic filling (Signature) d Paul Crosby rinted Name)  1.  President  (Title)	d clear from any liens or claims of all the assets and liabilities at mpleted in accordance with the nees in reporting not related to a icers also includes the related c g may be requested by various r	escribed officers of the said reporting thereon, except as herein stated, an and of the condition and affairs of the NAIC Annual Statement Instructions accounting practices and procedures orresponding electronic filing with the regulators in lieu of or in addition to the Matthew Andrew Mendrygal (Printed Name)  2. Chief Financial Officer (Title)  nis an original filing?  1. State the amendment  2. Date filed	d that this statement, togs said reporting entity as of and Accounting Practices, according to the best of the NAIC, when required, the enclosed statement.	ether with related exhibits, schedu of the reporting period stated above is and Procedures manual except of their information, knowledge and	les and explanations therein e, and of its income and to the extent that: (1) state la belief, respectively.  matting differences due to

(Notary Public Signature)

## **ASSETS**

	700		0 11/		D: V
			Current Year		Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1	Panda (Cahadula D)			` '	3,488,460
1.	Bonds (Schedule D)	J 3,239,940		3,239,940	3,400,400
2.	Stocks (Schedule D)				
	2.1 Preferred stocks				
	2.2 Common Stocks	19,343,686		19,343,686	19,111,631
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less \$0				
	encumbrances)	5,676,004		5,676,004	5,469,427
	4.2 Properties held for the production of income (less \$0	, ,		, ,	, ,
	encumbrances)				
	4.3 Properties held for sale (less \$0 encumbrances)				
_	·				
5.	Cash (\$1,606,642 Schedule E Part 1), cash equivalents				
	(\$0 Schedule E Part 2) and short-term investments				
	(\$111,858,580 Schedule DA)				
6.	Contract loans (including \$0 premium notes)				
7.	Other invested assets (Schedule BA)	10,094,116		10,094,116	12,264,507
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Lines 1 to 9)				
11.	Title plants less \$0 charged off (for Title insurers only)				
12.	Investment income due and accrued				
13.	Premiums and considerations	303,773		303,773	
13.					
	13.1 Uncollected premiums and agents' balances in the course of				
	collection	2,202,066		2,202,066	1,614,881
	13.2 Deferred premiums, agents' balances and installments booked				
	but deferred and not yet due (Including \$0 earned but				
	unbilled premiums)				
	13.3 Accrued retrospective premiums				
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers				271,270
	14.2 Funds held by or deposited with reinsured companies				· ·
	14.3 Other amounts receivable under reinsurance contracts				
15.	Amounts receivable relating to uninsured plans				
	·				
16.1	Current federal and foreign income tax recoverable and interest thereon				
16.2	Net deferred tax asset				
17.	Guaranty funds receivable or on deposit				
18.	Electronic data processing equipment and software	3,590,801	2,357,833	1,232,968	1,059,755
19.	Furniture and equipment, including health care delivery assets				
	(\$0)	910,554	910,554		
20.	Net adjustment in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates	1,925,008		1,925,008	326,666
22.	Health care (\$2,832,194) and other amounts receivable				
23.	Aggregate write-ins for other than invested assets				
24.	Total assets excluding Separate Accounts, Segregated Accounts and	1,240,304	1,240,304		
24.		405 000 040	4 544 754	400 574 004	440.000.405
	Protected Cell Accounts (Lines 10 to 23)	165,086,012	4,514,751	160,571,261	140,233,485
25.	From Separate Accounts, Segregated Accounts and Protected Cell				
	Accounts				
26.	Total (Lines 24 and 25)	165,086,012	4,514,751	160,571,261	140,233,485
	ILS OF WRITE-INS	T	Г	Г	
0902.					
0903.	Summary of remaining write-ins for Line 9 from overflow page				
	Prepaid Expenses				
2302.	T TOPUIG Exponses				
2303.					
1	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	1,246,364	1,246,364		

## LIABILITIES, CAPITAL AND SURPLUS

			Current Year		Prior Year	
		1	2	3	4	
		Covered	Uncovered	Total	Total	
1. CI	laims unpaid (less \$0 reinsurance ceded)	48,300,196		48,300,196	49,935,247	
2. A	ccrued medical incentive pool and bonus amounts	20,877,967		20,877,967	18,485,047	
3. U	Inpaid claims adjustment expenses	1,057,159		1,057,159	948,411	
4. A	ggregate health policy reserves					
5. Aç	ggregate life policy reserves					
6. Pr	roperty/casualty unearned premium reserves					
7. Aç	ggregate health claim reserves					
8. Pi	remiums received in advance	2,016,865		2,016,865	1,654,740	
9. G	Seneral expenses due or accrued	7,696,913		7,696,913	6,128,222	
	current federal and foreign income tax payable and interest thereon (including	, ,		, ,		
	0 on realized capital gains (losses))					
	let deferred tax liability					
	eded reinsurance premiums payable					
	mounts withheld or retained for the account of others	·		·	•	
	demittances and items not allocated					
	orrowed money (including \$0 current) and interest thereon \$0					
•	ncluding \$0 current)					
15. Aı	mounts due to parent, subsidiaries and affiliates	361,946		361,946	140,781	
16. Pa	ayable for securities					
17. Fu	unds held under reinsurance treaties with (\$0 authorized reinsurers and					
\$.	0 unauthorized reinsurers)					
18. R	leinsurance in unauthorized companies					
19. No	let adjustments in assets and liabilities due to foreign exchange rates					
20. Li	iability for amounts held under uninsured plans					
21. Aç	ggregate write-ins for other liabilities (including \$0 current)	4,224,563		4,224,563	4,724,999	
22. To	otal liabilities (Lines 1 to 21)	84,563,052		84,563,052	82,078,362	
	ggregate write-ins for special surplus funds					
	referred capital stock					
	Gross paid in and contributed surplus					
	urplus notes					
	ggregate write-ins for other than special surplus funds					
	Inassigned funds (surplus)	X X X	X X X	/5,837,698	57,984,612	
	ess treasury stock, at cost:					
	0.10 shares common (value included in Line 24 \$					
	0.2					
	otal capital and surplus (Lines 23 to 29 minus Line 30)					
	otal Liabilities, capital and surplus (Lines 22 and 31)	X X X	X X X	160,571,261	140,233,485	
	OF WRITE-INS Other Current Liabilities	22.062		23,063	24,999	
	EHBP Audit Redetermination				3,500,000	
	ledicare Part D settlement	, ,			1,200,000	
	ummary of remaining write-ins for Line 21 from overflow page					
	OTALS (Lines 2101 through 2103 plus 2198) (Line 21 above)			4,224,563		
		X X X				
		X X X	X X X			
	ummary of remaining write-ins for Line 23 from overflow page					
2399. TO	OTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	X X X	X X X			
		X X X	X X X			
		X X X				
	ummary of remaining write-ins for Line 28 from overflow page					
	OTALS (Lines 2801 through 2803 plus 2898) (Line 28 above)					

## STATEMENT OF REVENUE AND EXPENSES

		Currer	nt Year	Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	X X X	1,068,324	1,145,557
2.	Net premium income (including \$0 non-health premium income)	x x x	412,622,335	402,271,797
3.	Change in unearned premium reserves and reserve for rate credits	x x x		
4.	Fee-for-service (net of \$ 0 medical expenses)	x x x		
5.	Risk revenue	x x x		
6.	Aggregate write-ins for other health care related revenues	x x x		
7.	Aggregate write-ins for other non-health revenues	x x x		
8.	Total revenues (Lines 2 to 7)			
Hospit	al and Medical:			
9.	Hospital/medical benefits		241,974,236	241,396,009
10.	Other professional services			
11.	Outside referrals			
12.	Emergency room and out-of-area			
13.	Prescription drugs			
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool, withhold adjustments and bonus amounts			
16.	Subtotal (Lines 9 to 15)			
Less:	Subtotal (Lines 3 to 10)		337,003,133	000,511,040
17.	Net reinsurance recoveries			271 270
18.	Total hospital and medical (Lines 16 minus 17)			
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$8,394,792 cost containment expenses			
21.	General administrative expenses		27,996,490	26,637,196
22.	Increase in reserves for life and accident and health contracts (including \$0 increase			
	in reserves for life only)			
23.	Total underwriting deductions (Lines 18 through 22)			
24.	Net underwriting gain or (loss) (Lines 8 minus 23)			
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)			
26.	Net realized capital gains (losses) less capital gains tax of \$0			
27.	Net investment gains (losses) (Lines 25 plus 26)		5,306,298	3,867,286
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered			
	\$0) (amount charged off \$0)]			
29.	Aggregate write-ins for other income or expenses		(179,862)	32,341
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24			
	plus 27 plus 28 plus 29)	X X X	19,816,635	10,017,851
31.	Federal and foreign income taxes incurred	X X X		
32.	Net income (loss) (Lines 30 minus 31)	X X X	19,816,635	10,017,851
<b>DETAI</b> 0601.	LS OF WRITE-INS	XXX		
0602.			1	
0603.				
0698. 0699.	Summary of remaining write-ins for Line 6 from overflow page  TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)			
0701.	TOTALS (Lines 0001 tillough 0003 plus 0090) (Line 6 above)			
0702.		X X X		
0703.	Cummany of remaining write ing for Line 7 from quarties upage			
0798. 0799.	Summary of remaining write-ins for Line 7 from overflow page  TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401.	Other Medical Expense		11,910	180,559
1402. 1403.				
1403. 1498.	Summary of remaining write-ins for Line 14 from overflow page		1	
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		11,910	180,559
2901. 2902.	Other Revenue			
2902.	Onrecognized Post-retirement Benefits			
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)		(179,862)	32,341

## **STATEMENT OF REVENUE AND EXPENSES (Continued)**

		1 Current Year	2 Prior Year
		Current real	FIIOI Teal
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	58,155,123	44,906,604
34.	Net income or (loss) from Line 32	19,816,635	10,017,851
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	(2,252,034)	3,999,699
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	288,485	(769,031)
40.	Change in unauthorized reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
	44.1 Paid in		
	44.2 Transferred from surplus (Stock Dividend)		
	44.3 Transferred to surplus		
45.	Surplus adjustments:		
	45.1 Paid in		
	45.2 Transferred to capital (Stock Dividend)		
	45.3 Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus		
48.	Net change in capital and surplus (Lines 34 to 47)	17,853,086	13,248,519
49.	Capital and surplus end of reporting year (Line 33 plus 48)	76,008,209	58,155,123
<b>DETAIL</b> 4701.	LS OF WRITE-INS		
4701.			
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		

## **CASH FLOW**

		1	2
	Cook from Operations	Current Year	Prior Year
1.	Cash from Operations  Premiums collected net of reinsurance	/11 710 087	105 237 301
2.	Net investment income		
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)		
5.	Benefit and loss related payments		
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions		
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)		
10.	Total (Lines 5 through 9)		
11.	Net cash from operations (Line 4 minus 10)		
	Cash from Investments	20,000,700	20,000,010
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	250.000	490.313
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)		
13.	Cost of investments acquired (long-term only):	071,070	032,314
10.	13.1 Bonds		/78 82 <b>0</b>
	13.2 Stocks		
	13.3 Mortgage loans	1	, ,
	13.4 Real estate		
	<ul><li>13.5 Other invested assets</li><li>13.6 Miscellaneous applications</li></ul>		
	13.7 Total investments acquired (Lines 13.1 to 13.6)		
14.	Net increase (decrease) in contract loans and premium notes		
1 <del>4</del> . 15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
13.	Cash from Financing and Miscellaneous Sources	(747,320)	(10,332,390)
16.	Cash provided (applied):		
10.	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)		
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		
17.	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	(0,100,011)	
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	19 982 968	14 064 692
19.	Cash, cash equivalents and short-term investments:	10,302,300	1 <del>1</del> ,00 <del>1</del> ,032
13.	19.1 Beginning of year	Q3 <u>/</u> 82 252	70 <u>/</u> 17 560
	19.2 End of year (Line 18 plus Line 19.1)		
	13.2 Line of year (Line to plus Line 13.1)	110,400,220	33, <del>4</del> 02,232

Cappicinicital Discissarios of Cash Flow Information for Non-Cash Flancacione.	Supplemental Disclosures of Casi
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## **ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

		1	2	3	4	5	6	7	8	9	10
			Comprehensive				Federal				
			(Hospital				Employees	Title	Title		
			&	Medicare	Dental	Vision	Health	XVIII	XIX	Other	Other
		Total	Medical)	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Health	Non-Health
1.	Net premium income	412,622,335	362,164,918				7,002,460	43,454,957			
2.	Change in unearned premium reserves and reserve for rate credit										
3.	Fee-for-service (net of \$ medical expenses)										X X X
4.	Risk revenue										X X X
5.	Aggregate write-ins for other health care related revenues										X X X
6.	Aggregate write-ins for other non-health care related revenues		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7.	,	412,622,335	362,164,918				7,002,460	43,454,957			
8.	Hospital/medical benefits		202,473,794				5,300,534	34,199,908			X X X
9.	·										X X X
10.											X X X
11.							340,007	790,133			X X X
12.	Prescription drugs		76,207,579				1,296,513	5,029,978			X X X
13.		11,910	11,910								X X X
14.	Incentive pool, withhold adjustments and bonus amounts		21,126,585					(179,295)			X X X
15.	Subtotal (Lines 8 to 14)	357,883,159	311,105,381				6,937,054	39,840,724			X X X
16.	Net reinsurance recoveries										X X X
17.	Total hospital and medical (Lines 15 minus 16)	357,883,159	311,105,381				6,937,054	39,840,724			X X X
18.	Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19.	Claims adjustment expenses including \$8,394,792 cost										
	containment expenses	12,052,487	10,535,563				204,724	1,312,200			
20.	General administrative expenses	27,996,490	24,472,857				475,550	3,048,083			
21.											X X X
22.	Increase in reserves for life contracts		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23.		397,932,136	346,113,801				7,617,328	44,201,007			
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	14,690,199	16,051,117				(614,868)	(746,050)			
DETA	ILS OF WRITE-INS										
0501.											X X X
0502.											x x x
0503.											x x x
0598.	Summary of remaining write-ins for Line 5 from overflow page										x x x
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										X X X
0601.			X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602.			x x x	X X X	X X X	X X X	X X X	X X X	X X X	x x x	
0603.			x x x	X X X	X X X	X X X	X X X	X X X	X X X	x x x	
0698.	Summary of remaining write-ins for Line 6 from overflow page		x x x	X X X	x x x	X X X	x x x	X X X	X X X	x x x	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301.	Other Medical	11,910	11,910								X X X
1302.					[		[			[	X X X
1303.											X X X
1398.										[	x x x
1399.			11,910								X X X

## PART 1 - PREMIUMS

		1	2	3	4
					Net Premium
					Income
		Direct	Reinsurance	Reinsurance	(Columns
	Line of Business	Business	Assumed	Ceded	1 + 2 - 3)
1.	Comprehensive (hospital and medical)	362,686,117		521,199	362,164,918
2.	Medicare Supplement				
3.	Dental only				
4.	Vision only				
5.	Federal Employees Health Benefits Plan	7,014,858		12,398	7,002,460
6.	Title XVIII - Medicare	43,465,672		10,715	43,454,957
7.	Title XIX - Medicaid				
8.	Other health				
9.	Health subtotal (Lines 1 through 8)	413,166,647		544,312	412,622,335
10.	Life				
11.	Property/casualty				
12.	TOTALS (Lines 9 to 11)	413,166,647		544,312	412,622,335

#### PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)		Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
Payments during the year:	Total	a weatear)	Опрополь	Only	Only	Deficited Fight	Wedleare	Micaldala	Ticalti	14011 FICAILI1
1.1 Direct 1.2 Reinsurance assumed 1.3 Reinsurance ceded		291,616,207				6,771,267	39,903,944			
1.4 Net	338,291,418	291,616,207				6,771,267	39,903,944			
Paid medical incentive pools and bonuses     Claim liability December 31, current year from Part 2A:						56,809	, ,			
3.1 Direct						1,026,845	8,066,741			
3.3 Reinsurance ceded										
3.4 Net	48 300 196	39 206 610				1,026,845				
Claim reserve December 31, current year from Part 2D:     4.1 Direct							0,000,7 11			
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year							13,679			
6. Net healthcare receivables (a)							46,647			
<ul><li>7. Amounts recoverable from reinsurers December 31, current year</li><li>8. Claim liability December 31, prior year from Part 2A:</li></ul>										
8.1 Direct 8.2 Reinsurance assumed		41,170,171				861,057	7,904,019			
8.3 Reinsurance ceded										
8.4 Net  9. Claim reserve December 31, prior year from Part 2D:	49,935,247	41,170,171								
9.1 Direct										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year						56,809	,			
11. Amounts recoverable from reinsurers December 31, prior year		271,270								
12. Incurred benefits: 12.1 Direct	/ /	1 ' '				6,937,055	40,020,019			
12.3 Reinsurance ceded										
12.3 Reinsurance ceded						6,937,055				
13. Incurred medical incentive pools and bonuses						0,937,033				
13. Incurred medical incentive pools and boriuses		∠ 1, 1∠0,303					(173,233)			

<sup>(</sup>a) Excludes \$.....0 loans or advances to providers not yet expensed.

## UNDERWRITING AND INVESTMENT EXHIBIT PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
		Compre-				Federal				
		hensive				Employees	Title	Title		
		(Hospital	Medicare	Dental	Vision	Health	XVIII	XIX	Other	Other
	Total	& Medical)	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Health	Non-Health
Reported in Process of Adjustment:										
1.1 Direct	18,639,582	15,767,438				567,710	2,304,434			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	18,639,582	15,767,438				567,710	2,304,434			
2. Incurred but Unreported:										
2.1 Direct	25,648,944	20,888,090				394,511	4,366,343			
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	25,648,944	20,888,090				394,511	4,366,343			
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	4,011,670	2,551,082				64,624	1,395,964			
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	4,011,670	2,551,082				64,624	1,395,964			
4. TOTALS										
4.1 Direct	48,300,196	39,206,610				1,026,845	8,066,741			
4.2 Reinsurance assumed										
4.3 Reinsurance ceded	<u>.</u>	<u>.</u>	<u></u>							
4.4 Net	48,300,196	39,206,610				1,026,845	8,066,741			

## UNDERWRITING AND INVESTMENT EXHIBIT PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

				Claim Reserv	e and Claim	5	6
		Cla	ims	Liability De	cember 31		
		Paid Durin	g the Year	of Curre	nt Year		
		1	2	3	4		Estimated Claim
		On	On		On		Reserve and
	Line	Claims Incurred	Claims Incurred	On Claims Unpaid	Claims Incurred	Claims Incurred	Claim Liability
	of	Prior to January 1	During the	December 31 of	During the	in Prior Years	December 31 of
	Business			Prior Year	Year	(Columns 1 + 3)	Prior Year
1.	Comprehensive (hospital and medical)	33,068,227	263,071,937	1,026,465	38,180,144	34,094,692	41,170,171
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan	719,888	6,051,379	79,799	947,046	799,687	861,057
6.	Title XVIII - Medicare	8,683,079	31,491,267	67,172	7,999,570	8,750,251	7,904,019
7.	Title XIX - Medicaid						
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	42,471,194	300,614,583	1,173,436	47,126,760	43,644,630	49,935,247
10.	Healthcare receivables (a)	2,471,750	2,322,610	9,617	2,822,578	2,481,367	3,111,696
11.	Other non-health						
12.	Medical incentive pool and bonus amounts	17,201,359	1,353,010	3,743,607	17,134,360	20,944,966	18,485,047
13.	TOTALS (Lines 9 - 10 + 11 + 12)	57,200,803	299,644,983	4,907,426	61,438,542	62,108,229	65,308,598

<sup>(</sup>a) Excludes \$......0 loans or advances to providers not yet expensed.

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

#### **Grand Total**

#### **Section A - Paid Health Claims**

		. ,	•						
		Cumulative Net Amounts Paid							
	Year in Which Losses	1	2	3	4	5			
	Were Incurred	2003	2004	2005	2006	2007			
1.	Prior	47,986							
2.	2003	263,309	38,795						
3.	2004	X X X	290,364	35,055					
4.	2005	X X X	X X X	302,150	47,546				
5.	2006	X X X	X X X	X X X	269,793	57,201			
6.	2007	X X X	X X X	X X X	X X X	299,645			

#### **Section B - Incurred Health Claims**

0000011	, illouillou lio	uitii Oiuiiio			
	Sum of Cumulati			im Reserve and Medic	cal Incentive Pool
		and Bonu	ses Outstanding at Er	nd of Year	
Year in Which Losses	1	2	3	4	5
Were Incurred	2003	2004	2005	2006	2007
1. Prior	45,783				
2. 2003	302,901	39,410			
3. 2004	X X X	334,394	40,090		
4. 2005	X X X	X X X	356,857	52,420	
5. 2006	X X X	X X X	X X X	363,939	62,118
6. 2007	X X X	X X X	X X X	X X X	363,906

		1	2	3	4	5	6	7	8	9	10
			_	-		Claim and	-	·		Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			<b>Unpaid Claims</b>	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2003	328,699	302,105	5,585	1.849	307,690	93.608			307,690	93.608
2.	2004	365,473	325,421	6,537	2.009	331,958	90.830			331,958	90.830
3.	2005	389,341	349,696	9,122	2.609	358,818	92.160			358,818	92.160
4.	2006	402,529	357,593	11,335	3.170	368,928	91.653	4,917		373,845	92.874
5.	2007	413,167	299,645	10,174	3.395	309,819	74.986	64,261	1,057	375,137	90.795

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

#### **Hospital and Medical**

#### Section A - Paid Health Claims

Oction // Tala Hould Glaine												
			Cum	nulative Net Amounts	Paid							
	Year in Which Losses	1	2	3	4	5						
	Were Incurred	2003	2004	2005	2006	2007						
1.	Prior	38,321										
2.	2003	239,760	34,755									
3.	2004	X X X	254,480	28,047								
4.	2005	X X X	X X X	265,514	39,632							
5.	2006	X X X	X X X	X X X	235,057	47,819						
6.	2007	X X X	X X X	X X X	x x x	261,922						

#### Section B - Incurred Health Claims

	Oction E	, illouilleu lie	aitii Oiaiiiio			
		Sum of Cumulativ	ve Net Amount Paid a	nd Claim Liability, Cla	im Reserve and Medic	al Incentive Pool
			and Bonu	ses Outstanding at Er	nd of Year	
	Year in Which Losses	1	2	3	4	5
	Were Incurred	2003	2004	2005	2006	2007
1.	Prior	36,594				
2.	2003	275,090	36,081			
3.	2004	X X X	290,822	32,464		
4.	2005	X X X	X X X	310,630	43,949	
5.	2006	X X X	X X X	X X X	320,373	52,590
6.	2007	X X X	X X X	X X X	X X X	317,223

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2003	296,697	274,516	5,014	1.826	279,530	94.214			279,530	94.214
2.	2004	316,177	282,529	5,660	2.003	288,189	91.148			288,189	91.148
3.	2005	338,101	305,146	7,839	2.569	312,985	92.571			312,985	92.571
4.	2006	353,750	313,476	9,884	3.153	323,360	91.409	4,770		328,130	92.758
5.	2007	362,686	261,922	8,969	3.424	270,891	74.690	55,301	897	327,089	90.185

12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision OnlyNONE

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

## Federal Employees Health Benefits Plan Premiums

#### Section A - Paid Health Claims

		. ,	•							
		Cumulative Net Amounts Paid								
	Year in Which Losses	1	2	3	4	5				
	Were Incurred	2003	2004	2005	2006	2007				
1.	Prior	668								
2.	2003	4,069	839							
3.	2004	X X X	5,046	941						
4.	2005	X X X	X X X	3,597	1,028					
5.	2006	X X X	X X X	X X X	4,502	777				
6.	2007	X X X	X X X	X X X	X X X	6,051				

#### **Section B - Incurred Health Claims**

		111041104110							
		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool							
			and Bonu	ses Outstanding at Er	nd of Year				
	Year in Which Losses	1	2	3	4	5			
	Were Incurred	2003	2004	2005	2006	2007			
1.	Prior	405							
2.	2003	4,915	839						
3.	2004	X X X	6,227						
4.	2005	X X X	X X X	4,653	1,089				
5.	2006	X X X	X X X	X X X	5,358	856			
6.	2007	X X X	X X X	X X X	X X X	6,998			

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2003	5,624	4,908	99	2.017	5,007	89.029			5,007	89.029
2.	2004	7,413	5,987	125	2.088	6,112	82.450			6,112	82.450
3.	2005	3,982	4,625	110	2.378	4,735	118.910			4,735	118.910
4.	2006	4,516	5,279	153	2.898	5,432	120.283	80		5,512	122.055
5.	2007	7,015	6,051	180	2.975	6,231	88.824	947		7,178	102.324

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

#### **Title XVIII - Medicare**

#### Section A - Paid Health Claims

	Occitor A - 1 and recallity ording												
		Cumulative Net Amounts Paid											
	Year in Which Losses	1	2	3	4	5							
	Were Incurred	2003	2004	2005	2006	2007							
1.	Prior	3,651											
2.	2003	19,480	3,121										
3.	2004	X X X	30,838	6,067									
4.	2005	X X X	X X X	33,039	6,886								
5.	2006	X X X	X X X	X X X	30,234	8,605							
6.	2007	X X X	X X X	X X X	X X X	31,672							

#### Section B - Incurred Health Claims

		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool					
			and Bonu	ses Outstanding at Er	nd of Year		
	Year in Which Losses	1	2	3	4	5	
	Were Incurred	2003	2004	2005	2006	2007	
1.	Prior	3,589					
2.	2003	22,896	3,253				
3.	2004	X X X	37,345	6,379			
4.	2005	X X X	X X X	41,574	7,382		
5.	2006	X X X	X X X	X X X	38,208	8,672	
6.	2007	X X X	X X X	X X X	X X X	39,685	

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2003	26,365	22,601	472	2.088	23,073	87.514			23,073	87.514
2.	2004	41,883	36,905	752	2.038	37,657	89.910			37,657	89.910
3.	2005	47,258	39,925	1,173	2.938	41,098	86.965			41,098	86.965
4.	2006	44,263	38,838	1,298	3.342	40,136	90.676	67		40,203	90.828
5.	2007	43,466	31,672	1,025	3.236	32,697	75.224	8,013	160	40,870	94.028

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

#### Title XIX - Medicaid

#### Section A - Paid Health Claims

	GOOD TO THE CONTROL OF THE CONTROL O							
			Cum	nulative Net Amounts	Paid			
	Year in Which Losses	1	2	3	4	5		
	Were Incurred	2003	2004	2005	2006	2007		
1.	Prior	5,346						
2.	2003		80					
3.	2004	X X X						
4.	2005	X X X	X X X					
5.	2006	l x x x	l x x x	l x x x				
6.	2007	X X X	X X X	X X X	X X X			

#### Section B - Incurred Health Claims

	000001	, illouileu lie	aitii Oidiiiio			
		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool				
			and Bonu	ses Outstanding at Er	nd of Year	
	Year in Which Losses	1	2	3	4	5
	Were Incurred	2003	2004	2005	2006	2007
1.	Prior	5,195				
2.	2003		(763)			
3.	2004	X X X		66		
4.	2005	X X X	X X X			
5.	2006	X X X	X X X	X X X		
6.	2007	X X X	X X X	X X X	X X X	

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2003	13	80			80	615.385			80	615.385
2.	2004										
3.	2005										
4.	2006										
5.	2007										

12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - OtherNONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur Claims - OtherNONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other NONE
13	Underwriting Invest Exh Pt 2D - A & H ReserveNONE

annual statement for the year 2007 of the  $HealthPlus\ of\ Michigan,\ Inc.$ 

#### PART 3 - ANALYSIS OF EXPENSES

	•	Claim Adjustm	ent Expenses	3	4	5
		1	2		·	· ·
		Cost	Other Claim	General		
		Containment	Adjustment	Administrative	Investment	
		Expenses	Expenses	Expenses	Expenses	Total
1.	Rent (\$0 for occupancy of own building)					205,334
2.	Salaries, wages and other benefits					34,171,434
3.	Commissions (less \$0 ceded plus \$0			20,200,000		01,171,101
0.	assumed)			1 502 973		1 502 973
4.	Legal fees and expenses					
5.	Certifications and accreditation fees					
6.	Auditing, actuarial and other consulting services					
7.	Traveling expenses	47 649	4 397	631 382		683 428
8.	Marketing and advertising					
9.	Postage, express and telephone					
10.	Printing and office supplies					
11.	Occupancy, depreciation and amortization					
12.	Equipment					
13.	Cost or depreciation of EDP equipment and software					
14.	Outsourced services including EDP, claims, and other services					
15.	Boards, bureaus and association fees					
16.						
17.	Insurance, except on real estate					
18.						
1	Group service and administration fees					
19.	Reimbursements by uninsured plans					
20. 21.	Reimbursements from fiscal intermediaries					
1	Real estate expenses	I				
22.	Real estate taxes					
23.	Taxes, licenses and fees:					
	23.1 State and local insurance taxes					
	23.2 State premium taxes					
	23.3 Regulator authority licenses and fees					
	23.4 Payroll taxes					
	23.5 Other (excluding federal income and real estate taxes)					
24.	Investment expenses not included elsewhere					
25.	Aggregate write-ins for expenses	117,470	52,366	(19,587,678)		(19,417,842)
26.	Total expenses incurred (Lines 1 to 25)					
27.	Less expenses unpaid December 31, current year					
28.	Add expenses unpaid December 31, prior year			6,128,222		
29.	Amounts receivable relating to uninsured plans, prior year					
30.	Amounts receivable relating to uninsured plans, current year					
31.	Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus					
	30)	8,323,069	3,620,670	26,427,799	146,916	38,518,454
	ILS OF WRITE-INS					
2501.	Conferences, Seminars, and Training		5,466	284,625		305,630
2502.	Charitable Contributions	1		342,952		342,952
2503.	Affiliates Administrative Fees	I		(20,278,398)		(20,278,398)
2598.	Summary of remaining write-ins for Line 25 from overflow page		46,900	63,143		211,974
2599.	Totals (Lines 2501 through 2503 + 2598) (Line 25 above)		52,366	(19,587,678)		(19,417,842)

## **EXHIBIT OF NET INVESTMENT INCOME**

		1	2
		Collected	Earned
		During Year	During Year
1.	U.S. Government bonds	(a) 89,750	92,187
1.1	Bonds exempt from U.S. tax		
1.2	Other bonds (unaffiliated)		86,382
1.3	Bonds of affiliates		
2.1	Preferred stocks (unaffiliated)		
2.11	Preferred stocks of affiliates		
2.2	Common stocks (unaffiliated)	339,488	342,904
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	112,842
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 4,877,714	4,926,349
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income		
11.	Investment expenses		
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h) 200,000
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		346,916
17.	Net Investment income (Line 10 minus Line 16)		5,213,748
DETAIL	S OF WRITE-INS		
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above)		
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15, above)		
(b) Inclu (c) Inclu (d) Inclu (e) Inclu (f) Inclu (g) Inclu seare	des \$368 accrual of discount less \$	for accrued dividend for accrued interest imbrances. for accrued interest	s on purchases. on purchases. on purchases.

**EXHIBIT OF CAPITAL GAINS (LOSSES)** 

EXHIBIT OF CAPITAL GAINS (LOSSES)							
		1	2	3	4	5	
				Total Realized		Change in	
		Realized Gain		Capital Gain	Change in	Unrealized Foreign	
		(Loss) on Sales	Other Realized	(Loss)	Unrealized Capital	Exchange Capital	
		or Maturity	Adjustments	(Columns 1 + 2)	Gain (Loss)	Gain (Loss)	
1.	U.S. Government bonds						
1.1	Bonds exempt from U.S. tax						
1.2	Other bonds (unaffiliated)						
1.3	Bonds of affiliates						
2.1	Preferred stocks (unaffiliated)						
2.11	Preferred stocks of affiliates						
2.2	Common stocks (unaffiliated)	92,550		92,550	252,141		
2.21	Common stocks of affiliates				(333,784)		
3.	Mortgage loans						
4.	Real estate						
5.	Contract loans						
6.	Cash, cash equivalents and short-term investments						
7.	Derivative instruments						
8.	Other invested assets				(2,170,391)		
9.	Aggregate write-ins for capital gains (losses)						
10.	Total capital gains (losses)	92,550		92,550	(2,252,034)		
DETA	AILS OF WRITE-INS						
0901.							
0902							
0903.							
0998	Summary of remaining write-ins for Line 9 from overflow page .						
0999	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above) .						

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE HealthPlus of Michigan, Inc.

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
				Change in Total
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
	2.1 Preferred stocks			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties occupied for the production of income			
	4.3 Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term			
J.	investments (Schedule DA)			
c	Contract loans			
6. 7.				
	Other invested assets (Schedule BA)			
8.	Receivables for securities			
9.	Aggregate write-ins for invested assets			
10.	Subtotals, cash and invested assets (Lines 1 to 9)			
11.	Title plants (for Title insurers only)			
12.	Invested income due and accrued			
13.	Premium and considerations:			
	13.1 Uncollected premiums and agents' balances in the course of collection		12,811	12,811
	13.2 Deferred premiums, agents' balances and installments booked but deferred			
	and not yet due			
	13.3 Accrued retrospective premiums			
14.	Reinsurance:			
	14.1 Amounts recoverable from reinsurers			
	14.2 Funds held by or deposited with reinsured companies			
	14.3 Other amounts receivable under reinsurance contracts			
15	Amounts receivable relating to uninsured plans			
15.				
16.1	Current federal and foreign income tax recoverable and interest thereon			
16.2	Net deferred tax asset			
17.	Guaranty funds receivable or on deposit			
18.	Electronic data processing equipment and software			
19.	Furniture and equipment, including health care delivery assets			
20.	Net adjustment in assets and liabilities due to foreign exchange rates			
21.	Receivables from parent, subsidiaries and affiliates			
22.	Health care and other amounts receivable		461,094	461,094
23.	Aggregate write-ins for other than invested assets	1,246,364	1,183,806	(62,558)
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell			,
	Accounts (Lines 10 to 23)	4.514.751	4.803.236	288.485
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
26.	Total (Lines 24 and 25)			
	LS OF WRITE-INS	4,014,701	4,000,200	200,400
		1		
0901.				
0902.				
0903.				
0998.	Summary of remaining write-ins for Line 9 from overflow page			
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)			
2301.	Prepaid Expenses	1,246,364	1,183,806	(62,558)
2302.				
2303.				
2398.	Summary of remaining write-ins for Line 23 from overflow page			
<b>2390.</b>				

## **EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

			Tota	al Members at Er	nd of		6
		1	2	3	4	5	Current Year
		Prior	First	Second	Third	Current	Member
	Source of Enrollment	Year	Quarter	Quarter	Quarter	Year	Months
1.	Health Maintenance Organizations	87,654	86,511	86,660	85,528	85,106	1,033,358
2.	Provider Service Organizations						
3.	Preferred Provider Organizations						
4.	Point of Service	6,281	3,029	2,950	2,880	2,917	34,966
5.	Indemnity Only						
6.	Aggregate write-ins for other lines of business						
7.	TOTAL	93,935	89,540	89,610	88,408	88,023	1,068,324
DETAI	LS OF WRITE-INS						
0601.							
0602.							
0603.							
0698.	Summary of remaining write-ins for Line 6 from overflow page						
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

#### 1. Significant Accounting Policies

#### A. Basis of Presentation

The accompanying financial statements of HealthPlus of Michigan, Inc. (the Company) have been prepared in conformity with the 2007 NAIC Annual Statement Instructions and the NAIC Accounting Practices and Procedures Manual as of March 2007, to the extent that the accounting practices, procedures, and reporting standards are not modified by the Michigan Insurance Code or the 2007 Forms and Instructions for Required Filings in Michigan.

#### B. Management Estimates

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

#### C. Accounting Policy

Premium revenue is recognized in the month that members are entitled to health care services. The liability for incurred medical and hospital claims is accrued in the period during which the services are provided and includes estimates of services performed, which have not been reported to the Company.

The Company reports the value of its home office building at depreciated cost on Schedule A - Part 1. The fair value reported on Schedule A - Part 1 is based on a market analysis prepared for the Company by Mr. Winfield Cooper, President, Cooper Commercial, dated May 31, 2002.

In addition, the company uses the following accounting policies:

- 1) Short Term Investments are stated at amortized cost.
- 2) Bonds not backed by other loans are principally stated at amortized cost using the Seriatim Method.
- 3) Common Stocks are reported at market value.
- 4) The Company has no Preferred Stocks to report.
- 5) The Company has no mortgage loans to report.
- 6) Loan Backed Securities are stated at amortized cost. The Scientific Prospective method of amortization is applied.
- 7) The Company carries its investment in HealthPlus Partners, Inc. and HealthPlus Insurance Company at Statutory Equity, and its investment in HealthPlus Options at audited GAAP equity.
- 8) The Company has no ownership interests in joint ventures or limited liability companies.
- 9) The Company has no derivatives to report.
- 10) The Company has not calculated any premium deficiency reserves.
- 11) Unpaid claims include amounts determined from individual case estimates and amounts based on past experiences, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- 12) The Company has not modified its capitalization policy from the prior period.
- 13) Estimated pharmaceutical rebate receivables are based primarily on historical trends.

- 2. Accounting Changes and Corrections of Errors
  - A. Accounting changes and corrections of errors.

The Company did not discover any material errors or make any material changes in accounting principles during the Year Ended December 31, 2007.

3. Business Combinations and Goodwill

None.

4. Discontinued Operations

None.

5. Investments – Mortgage Loans, Debt Restructuring, Reverse Mortgages, Loan-Backed Securities, Repurchase Agreements

The Company does not have any mortgage loans, debt restructuring, reverse mortgages or repurchase agreements to report.

The Company's Loan-Backed Securities are reported at amortized cost. The Scientific Prospective method of amortization is applied. A PSA (Public Securities Association) rate of 100 is used to determine prepayment assumptions.

The Company has no impairment losses on real estate to report and does not engage in retail land sales.

6. Joint Ventures, Partnerships and Limited Liability Companies

None.

7. Investment Income

The Company does not exclude any investment income due and accrued.

8. Derivative Instruments

None.

9. Income Taxes

The Company is exempt from Federal income tax under Internal Revenue Code Section 501(c)(4). The Company is also exempt from Michigan Single Business Tax.

10. Information Concerning Parent, Subsidiaries and Affiliates

HealthPlus Options, Inc. (HPO) is a wholly owned subsidiary of the Company. HPO began operations in 1990 as a third party administrator. The Company provides administrative services to HPO, and HPO pays the Company a monthly management fee for these services. Those fees amounted to \$5,219,279 in 2007 and \$4,360,433 in 2006. The Company reports its investment in HPO at audited GAAP equity, which amounted to \$990,302 as of December 31, 2007 and is reported on page 2, line 7.

HealthPlus Partners, Inc. (HPP) is a wholly-owned not-for-profit subsidiary of HealthPlus of Michigan, Inc. HPP is a state licensed Health Maintenance Organization serving Medicaid members in the greater Flint and Saginaw regions and began operations on January 1, 2003. The Company reports its investment in HPP at statutory equity, which amounted to \$9,103,814 as of December 31, 2007, and is reported on page 2, line 7. The Company has entered into agreements with HPP for the provision of administrative services. These services amounted to \$14,452,283 in 2007 and \$12,548,462 in 2006.

HealthPlus Insurance Company (HPI) is a wholly-owned for-profit subsidiary of HealthPlus of Michigan, Inc. HPI is a state licensed Insurance Company and began operations January 1, 2007 offering a PPO product. The Company reports its investment in HPI at statutory equity, which amounted to \$8,328,825 as of December 31, 2006, and is reported as a subsidiary stock investment on Schedule D – Part 6 – Section 1, page E-14. The Company has entered into agreements with HPI for the provision of administrative services. These services amounted to \$606,836 in 2007.

#### 11. Debt

The Company has no Capital Notes or Other Debts to report.

#### 12. Retirement Plan

A defined contribution plan is provided to substantially all employees of the Company. The Company contributes 7% of participating employees' annual compensation into the benefit plan. Company contributions were approximately \$1,440,000 in 2007 and \$1,326,000 in 2006.

The Company also has a retiree health insurance program. To be eligible, the participant must have retired from active employment, attained the age of 62 and have 15 years of full-time service. The Company currently funds the cost of these benefits as they are incurred.

On December 8, 2003, the Prescription Drug, Improvement and Modernization Act of 2003 (the Act) was signed into law. The Act introduces a prescription drug benefit under Medicare as well as a federal subsidy to certain sponsors of postretirement health care benefit plans that provide a prescription drug benefit to their enrollees. The Company believes its postretirement benefit plan may qualify for subsidy under the Act.

In accordance with Financial Accounting Standards Board (FASB) Staff Position 106-1, Accounting and Disclosure Requirements Related to the Medicare Prescription Drug, Improvement and Modernization Act of 2003, the accumulated postretirement benefit obligation and net periodic postretirement benefit cost do not include the effect of the Act as the Company has elected to defer the accounting for the impact of the Act until pending authoritative guidance is issued. Once issued, such authoritative literature may require the Company to modify previously reported information.

The following table sets forth the plan's funded status and amounts recognized in the balance sheet for postretirement medical benefits:

	December 31, 2007	December 31, 2006
	(In Thousands)	(In Thousands)
Benefit obligation at beginning of year Interest cost Service cost Benefit payments Unrecognized actuarial gain Benefit obligation at end of year	\$ 29 1 10 (12) 64 92	\$ 10 0 31 (20) 8 29
Unrecognized net actuarial gain Accrued postretirement benefit cost	52 \$ 144	122 \$ 151

The following is a summary of net periodic postretirement expense:

	December 31, 2007	December 31, 2006
	(In Thousands)	(In Thousands)
Interest cost	\$ 1	<b>\$ 0</b>
Service cost	10	31
Amortization of net actuarial gain	(6)	(6)
Net periodic postretirement cost (income)	\$ 5	\$ 25

Year Ended

Year Ended

373

The weighted-average annual assumed rate of increase in the per capita cost of covered health care benefits (i.e., health care cost trend rate) is 9% for 2007 and is assumed to decrease 1% per year to 5% in 2015 and remain at that level thereafter. The weighted-average discount rate used in determining the accumulated postretirement obligation was 6.25% at December 31, 2007. The weighted-average discount rate used in determining the net periodic postretirement benefit cost was 5.75% for the years ended December 31, 2007. The Company uses a measurement date of December 31 to measure the obligations.

Assumed health care cost trend rates have a significant effect on the amounts reported for the health care plans. A one-percentage-point change in assumed health care cost trend rates would not have a material effect on the total service and interest cost components or on the postretirement benefit obligation.

Expected cash flows for the post retirement benefits are as follows (in thousands):

Expected benefit payments for the year ended December 31:

2008 \$ 28

2009 \$ 30

2010 \$ 31

2011 \$ 49

2012

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

The Company has no Shareholder's Dividend Restrictions or Quasi-Reorganizations to report.

The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:

a. change in unrealized gains and losses: (\$2,252,034)b. change in nonadmitted asset values: \$288,485

Unrealized gains and losses consist of the following:

2013 - 2017

Unrealized gains/(losses) on Equity Investments - unaffiliated
Unrealized gains/(losses) on Equity Investments - affiliated
Unrealized gains/(losses) on HealthPlus Partners
Unrealized gains/(losses) on HealthPlus Options

252,141
(333,784)
(2,378,519)
208,128
\$ (2,252,034)

#### 14. Contingencies

In the normal course of business, HealthPlus of Michigan is a party to certain legal matters. Management is of the opinion that resolution of these matters will not have a material effect on the Company's financial position or results of operations.

#### 15. Leases

The Company leases office equipment and space under various operating lease agreements. The minimum aggregate rental commitments for these leases is as follows:

	Operating
Year Ended	Leases
December 31	<u>(in thousands)</u>
2008	\$308
2009	327
2010	375
2011	382
	\$1 <u>.392</u>
	· <del></del>

Total rental expense for all operating leases was approximately \$394,000 in 2007, and \$357,000 in 2006.

16. Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk.

None.

- Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
   None.
- 18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

None.

- Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
   None.
- 20. Other Items

The Company has no extraordinary items or other disclosures to report.

21. Events Subsequent

There were no events subsequent to the close of the books or accounts for this statement which may have a material effect on the financial condition of the Company.

#### 22. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the Company?

Yes () No (x)

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (x)

#### Section 2 - Ceded Reinsurance Report - Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes (x) No ()

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate.

\$ 0.

- b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement?
   \$ 0.
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (x)

#### Section 3 - Ceded Reinsurance - Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate.

\$ 0.

(2) Have any new agreements been executed or existing agreements amended,
since January 1 of the year of this statement, to include policies or contracts that
were in force or which had existing reserves established by the company as of th
effective date of the agreement?

Yes () No (x)

(3) Uncollectible Reinsurance

None.

C. Commutation of Ceded Reinsurance

None.

#### 23. Retrospectively Rated Contracts and Contracts Subject to Redetermination

HealthPlus provides health coverage to federal employees under the Federal Employees Health Benefits Program (FEHBP) and is subject to rate redetermination. This program represents 1,900 members and \$7.5 Million of premium revenue to the Company on an annual basis which represents approximately 1.8% of total 2007 premium revenues. Under the terms of the contract with the Office of Personnel Management (OPM) HealthPlus is to provide health coverage at the lowest rate charged to Similar Sized Subscriber Groups (SSSG).

OPM audited the HealthPlus FEHBP program for the six years ended December 31, 2005 and issued a Draft of a Proposed Report in January, 2007. The Report alleges that HPM charged premiums \$5.5 Million in excess of the lowest rates for SSSG during the period. Interest would also be assessed in addition to any settlement amount. Management along with their actuarial and legal advisors on this matter believe that there may be exposure for excess premiums but have estimated this exposure to be a different amount than that estimated in the Report. The Company has asked to inspect the auditor work papers and will contest the allegation.

Any finding that is sustained in this matter is subject to risk sharing provisions in the contracts that HPM had during this period with its provider partners. These provisions mitigate the financial exposure to the Company. Management estimates that the Company's obligation will approximate \$4 Million, net of risk sharing and has provided a reserve for this amount in the financial statements as of December 31, 2007. Interest has also been accrued.

24. Change in Incurred Claims and Claim Adjustment Expenses

Reserves for incurred claims attributable to insured events of prior years has been increased (decreased) by (\$4,171,625) in 2007 and (\$2,525,459) in 2006, net of risk sharing, as a result of re-estimation of unpaid claims. This increase (decrease) is the result of ongoing analysis and original estimates are increased or decreased as additional information becomes known.

25. Intercompany Pooling Arrangements

None.

26. Structured Settlements

Not applicable.

#### 27 Health Care Receivables

#### (a) Pharmaceutical Rebate Receivables

Pharmaceutical rebate receivables consist of actual amounts billed for the previous quarter, based on actual prescriptions filled, and estimates of rebates for the current quarter. Estimated rebates are based primarily on historical trends.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced/ Confirmed	Actual rebates Collected Within 90 Days of Invoicing/ Confirmation	Actual Rebates Collected Within 91 to 180 Days of Invoicing/ Confirmation	Actual Rebates Collected More Than 180 Days After Invoicing/ Confirmation
12/31/2007	948,250	0	0	0	0
0930/2007	756,555	951,416	194,861	0	0
06/30/2007	0	942,143	880,986	61,157	0
03/31/2007	0	981,759	857,759	124,000	0
12/31/2006	0	1,103,850	852,285	251,565	0
09/30/2006	0	1,312,462	863,175	449,287	0
06/30/2006	0	1,362,547	1,140,405	222,142	0
03/31/2006	0	1,374,157	1,182,451	191,706	0
12/31/2005	0	1,610,968	1,593,764	17,204	0
09/30/2005	0	1,366,861	1,186,281	180,580	0
06/30/2005	0	1,362,998	1,095,701	267,297	0
03/31/2005	0	1,337,680	1,283,275	54,405	0

#### (b) Risk Sharing Receivables

The Company has agreements, which provide the basis of payments to different provider groups for the delivery of health care services. The groups include hospitals, physician hospital organizations, and physicians. The agreements include provisions for the sharing of surplus or deficits calculated by the comparison of total expense to funding reported for the Company's members served by the physicians affiliated with each contracting provider group. The funding levels are primarily based on a percentage of the premium, which the Company receives for providing health insurance coverage to employer groups. Certain of these providers have entered into separate agreements with affiliated hospitals to share any surplus or deficit associated with services to physician members.

The following table details risk sharing receivables recorded in accordance with the provisions of the aforementioned agreements.

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated And Reported in the Prior Year	Risk Sharing Receivable as Estimated And Reported in the Current Year	Risk Sharing Receivable Invoiced	Risk Sharing Receivable Not Invoiced	Actual Risk Sharing Amounts Collected in Year Invoiced	Actual Risk Sharing Amounts Collected First Year Subsequent	Actual Risk Sharing Amounts Collected Second Year Subsequent	Actual Risk Sharing Amounts Collected – All Other
2007	2007	0	1,127,389	0	0	0	0	0	0
	2008	0	0	0	0	0	0	0	0
2006	2006	0	942,152	942,152	0	942,152	0	0	0
	2007	0	0	0	0	0	0	0	0
2005	2005	0	2,052,513	2,052,513	0	2,052,513	0	0	0
	2006	0	0	0	0	0	0	0	0
2004	2004	0	2,238,138	2,238,138	0	2,238,138	0	0	0
	2005	0	0	0	0	0	0	0	0

28. Participating Policies

None.

29. Premium Deficiency Reserves

None.

30. Anticipated Salvage and Subrogation

The Company has not specifically identified any anticipated salvage and subrogation amounts in its calculation of loss reserves.

# ANNUAL STATEMENT FOR THE YEAR 2007 OF THE HealthPlus of Michigan, Inc. SUMMARY INVESTMENT SCHEDULE

			Gro Investment		Admitted Assets as Reported in the Annual Statement		
			1	2	3	4	
1	Dand	Investment Categories	Amount	Percentage	Amount	Percentage	
1.	Bond:	U.S. treasury securities	700 698	0.462	700,698	0 462	
	1.2	U.S. government agency obligations (excluding mortgage-backed					
		securities):					
		1.21 Issued by U.S. government agencies					
		1.22 Issued by U.S. government sponsored agencies	1,181,854	0.778	1,181,854	0.778	
	1.3	Foreign government (including Canada, excluding mortgage-backed					
		securities)					
	1.4	Securities issued by states, territories, and possessions and political					
		subdivisions in the U.S.:					
		<ul><li>1.41 States, territories and possessions general obligations</li><li>1.42 Political subdivisions of states, territories and possessions and</li></ul>					
		political subdivisions general obligations					
		1.43 Revenue and assessment obligations					
		1.44 Industrial development and similar obligations					
	1.5	Mortgage-backed securities (includes residential and commercial MBS):					
		1.51 Pass-through securities:					
		1.511 Issued or Guaranteed by GNMA					
		1.512 Issued or Guaranteed by FNMA and FHLMC					
		1.513 All other					
		1.52 CMOs and REMICs:					
		1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA					
		1.522 Issued by non-U.S. Government issuers and collateralized by					
		mortgage-backed securities issued or guaranteed by agencies					
		shown in Line 1.521					
	011	1.523 All other					
2.		r debt and other fixed income securities (excluding short term):					
	2.1	Unaffiliated domestic securities (includes credit tenant loans rated by the SVO)	1 257 206	0.904	1 257 206	0.904	
	2.2	Unaffiliated foreign securities					
		Affiliated securities					
3.		y interests:					
	3.1	Investments in mutual funds	10,953,775	7.215	10,953,775	7.215	
	3.2	Preferred stocks:	, ,		, ,		
		3.21 Affiliated					
		3.22 Unaffiliated					
	3.3	Publicly traded equity securities (excluding preferred stocks):					
		3.31 Affiliated					
		3.32 Unaffiliated	61,086	0.040	61,086	0.040	
	3.4	Other equity securities:					
		3.41 Affiliated			8,328,825	5.486	
	2.5	3.42 Unaffiliated					
	3.5	Other equity interests including tangible personal property under lease:  3.51 Affiliated					
		3.52 Unaffiliated					
4.	Morta	gage loans:					
ļ .	4.1	Construction and land development					
	4.2	Agricultural					
	4.3	Single family residential properties					
	4.4	Multifamily residential properties					
	4.5	Commercial loans					
	4.6	Mezzanine real estate loans					
5.	Real	estate investments:					
	5.1	Property occupied by company	5,676,004	3.739	5,676,004	3.739	
	5.2	Property held for production of income (including \$0 of property					
		acquired in satisfaction of debt)					
	5.3	Property held for sale (including \$0 property acquired in					
		satisfaction of debt)					
6.		ract loans					
7.		ivables for securities					
8.		, cash equivalents and short-term investments					
9.		r invested assets					
10.	ıotal	invested assets	151,818,974	100.000	151,818,974	100.000	

## **GENERAL INTERROGATORIES**

## **PART 1 - COMMON INTERROGATORIES**

## **GENERAL**

1.2	which is an insurer'	o' ting entity registe	<ol> <li>Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?</li> <li>If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing</li> </ol>						
	disclosure substant Insurance Holding	ially similar to the Company System	e standards adopted by the Natic n Regulatory Act and model regul nts substantially similar to those	nal Associat ations pertai	ion of In	surance Commis reto, or is the rep	sioners (NAIC) in it orting entity subject	ts Model	Yes[X] No[ ] N/A[ ] Michigan
2.1		,	the year of this statement in the o	charter, by-la	ws, artic	cles of incorporati	on, or deed of settl	ement of	Yes[] No[X]
3.2	<ul> <li>3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.</li> <li>3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.</li> <li>3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).</li> </ul>								12/31/2006 12/31/2003 06/16/2005
4.1	During the period c combination thereo control a substantia 4.11 sales of new b 4.12 renewals? During the period c	or & Economic Govered by this state of under common I part (more than business?  Devered by this state of the commission is the commission in the commission in the commission is the commission in the commission in the commission is the commission in the commission is the commission in the commission in the commission is the commission in the commission in the commission in the commission is the commission in the commission	rirowth, Office of Financial & Insuratement, did any agent, broker, s control (other than salaried empl 20 percent of any major line of batement, did any sales/service or ns for or control a substantial par	ales represe oyees of the ousiness mea	ntative, reportin asured o	non-affiliated sale g entity) receive on on direct premium whole or in part b	es/service organiza credit or commissions) of: y the reporting ent	ons for or	Yes[ ] No[X] Yes[ ] No[X] Yes[ ] No[X]
5.1 5.2	If yes, provide the r	name of the entity	y to a merger or consolidation dur y, NAIC company code, and state e merger or consolidation.	ring the perice of domicile	od cover (use two	ed by this statemo o letter state abbi	ent? eviation) for any e	ntity that	Yes[ ] No[X] Yes[ ] No[X]
			1 Name of Entity		NAI	2 C Company Code	e State	3 e of Domicile	
	Has the reporting e suspended or revol If yes, give full infor	ced by any gover	tificates of Authority, licenses or nmental entity during the reportin	registrations g period?	(includi	ng corporate regi	stration, if applicab	le)	Yes[] No[X]
7.2	If yes, 7.21 State the perc 7.22 State the nation	entage of foreign	s) person or entity directly or indirector control preign person(s) or entity(s); or if type of entity(s) (e.g., individual,	the entity is	a mutua	l or reciprocal, the	e nationality of its r	nanager or	Yes[] No[X] 0.000%
			1 Nationality			-	2 Type of Entity		
8.2 8.3 8.4	If response to 8.1 is the company aff If response to 8.3 is financial regulatory	s yes, please ide iliated with one of syes, please pro- services agency n (OTS), the Fed	nk holding company regulated by intify the name of the bank holdir r more banks, thrifts or securities vide the names and location (city [i.e., the Federal Reserve Board eral Deposit Insurance Corporation.	ng company. s firms? and state of (FRB), the (	f the ma Office of	in office) of any a the Comptroller o	of the Currency (OC	CC), the Office	Yes[ ] No[X] Yes[ ] No[X]
		1	2	3 FRB		4 OCC	5 OTS	6 FDIC	7 SEC
	Affiliate	e Name	Location (City, State)	LLD					020
	Affiliate	e Name	Location (City, State)	Yes[] No	p[X]	. Yes[] No[X].	Yes[ ] No[X] .	Yes[] No[X].	Yes[] No[X].
10. \	What is the name al Ernst & Young, LLI What is the name, a firm) of the individua Michael J. Cellini, A	nd address of the Suite 1700, 500 ddress and affilia Il providing the st ASA, MAAA, Erns	e independent certified public acc ) Woodward, Detroit, MI, 48226 ation (officer/employee of the rep atement of actuarial opinion/cert st & Young, LLP, 5 Times Square	ountant or according entity iffication?	ccountin or actua NY, 10	Yes[] No[X]. g firm retained to ry/consultant asso	conduct the annua	al audit?	Yes[] No[X].
10. V	What is the name al Ernst & Young, LLI What is the name, a firm) of the individua Michael J. Cellini, A	nd address of the Suite 1700, 500 ddress and affilial providing the stack, MAAA, Erns gentity own any all estate holding parcels involved adjusted carrying	e independent certified public acc D Woodward, Detroit, MI, 48226 ation (officer/employee of the rep catement of actuarial opinion/cert st & Young, LLP, 5 Times Square securities of a real estate holding company	ountant or according entity iffication?	ccountin or actua NY, 10	Yes[] No[X]. g firm retained to ry/consultant asso	conduct the annua	al audit?	

Yes[] No[] N/A[X] Yes[] No[] N/A[X] Yes[] No[] N/A[X]

12.1	<b>GENERAL INTERR</b> Are the senior officers (principal executive officer, principal financial officer, principal functions) of the reporting entity subject to a code of ethics, which incl	OGATORIES (Continued)				
13.1	Are the senior officers (principal executive officer, principal financial officer, primiting functions) of the reporting entity subject to a code of ethics, which incl a. Honest and ethical conduct, including the ethical handling of actual or apprelationships;	thcipal accounting officer or controller, or persons performing udes the following standards? arent conflicts of interest between personal and professional	Yes[X] No[]			
12.1	<ul> <li>b. Full, fair, accurate, timely and understandable disclosure in the periodic re</li> <li>c. Compliance with applicable governmental laws, rules and regulations;</li> <li>d. The prompt internal reporting of violations to an appropriate person or periodic accountability for adherence to the code.</li> </ul>	• • •				
13.2	<ul> <li>If the response to 13.1 is No, please explain:</li> <li>Has the code of ethics for senior managers been amended?</li> <li>If the response to 13.2 is Yes, provide information related to amendment(s).</li> </ul>		Yes[] No[X]			
13.3	Have any provisions of the code of ethics been waived for any of the specific 1 If the response to 13.3 is Yes, provide the nature of any waiver(s).	ed officers?	Yes[] No[X]			
14.	<b>BOARD O</b> Is the purchase or sale of all investments of the reporting entity passed upon othereof?	F DIRECTORS either by the Board of Directors or a subordinate committee	Yes[ ] No[X]			
15.	Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?					
	6. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?					
		ANCIAL				
	Has this statement been prepared using a basis of accounting other than Stat Accounting Principles)?		Yes[] No[X]			
18.1	Total amount loaned during the year (inclusive of Separate Accounts, exclusi 18.11 To directors or other officers 18.12 To stockholders not officers	ve of policy loans):	\$			
18.2	18.13 Trustees, supreme or grand (Fraternal only) Total amount of loans outstanding at end of year (inclusive of Separate Accordance)	unts, exclusive of policy loans):	\$			
	<ul><li>18.21 To directors or other officers</li><li>18.22 To stockholders not officers</li><li>18.23 Trustees, supreme or grand (Fraternal only)</li></ul>		\$			
	Were any assets reported in this statement subject to a contractual obligation obligation being reported in the statement?  If yes, state the amount thereof at December 31 of the current year: 19.21 Rented from others	to transfer to another party without the liability for such	Yes[ ] No[X]			
	<ul><li>19.22 Borrowed from others</li><li>19.23 Leased from others</li><li>19.24 Other</li></ul>		\$ ( \$ ( \$ (			
	Does this statement include payments for assessments as described in the A guaranty association assessments? If answer is yes:	nnual Statement Instructions other than guaranty fund or	Yes[ ] No[X]			
	20.21 Amount paid as losses or risk adjustment 20.22 Amount paid as expenses 20.23 Other amounts paid		\$			
21.1 21.2	Does the reporting entity report any amounts due from parent, subsidiaries or If yes, indicate any amounts receivable from parent included in the Page 2 are	affiliates on Page 2 of this statement? nount:	Yes[X] No[ ] \$0			
	INVE	STMENT				
	Were all the stocks, bonds and other securities owned December 31 of current the actual possession of the reporting entity on said date? If no, give full and complete information, relating thereto:	nt year, over which the reporting entity has exclusive control, in	Yes[X] No[]			
	Were any of the stocks, bonds or other assets of the reporting entity owned a control of the reporting entity, or has the reporting entity sold or transferred at force? (Exclude securities subject to Interrogatory 19.1). If yes, state the amount thereof at December 31 of the current year:	t December 31 of the current year not exclusively under the ny assets subject to a put option contract that is currently in	Yes[ ] No[X]			
	23.21 Loaned to others 23.22 Subject to repurchase agreements		\$(			
	23.23 Subject to reverse repurchase agreements 23.24 Subject to dollar repurchase agreements		\$			
	23.25 Subject to reverse dollar repurchase agreements 23.26 Pledged as collateral		\$			
	23.27 Placed under option agreements 23.28 Letter stock or securities restricted as to sale		\$( \$(			
	23.29 On deposit with state or other regulatory body 23.291 Other For category (23.28) provide the following:		\$( \$(			
	1 Nature of Restriction	2 Description	3 Amount			
	Does the reporting entity have any hedging transactions reported on Schedule If yes, has a comprehensive description of the hedging program been made a If no, attach a description with this statement.		Yes[ ] No[X] Yes[ ] No[ ] N/A[X]			
	Were any preferred stocks or bonds owned as of December 31 of the current the issuer, convertible into equity? If yes, state the amount thereof at December 31 of the current year.	year mandatorily convertible into equity, or, at the option of	Yes[ ] No[X]			
26.	Excluding items in Schedule E, real estate, mortgage loans and investments deposit boxes, were all stocks, bonds and other securities, owned throughou a qualified bank or trust company in accordance with Section 3, III Conducting	t the current year held pursuant to a custodial agreement with g Examinations, G - Custodial or Safekeeping agreements of				
26.0	the NAIC Financial Condition Examiners Handbook?  For agreements that comply with the requirements of the NAIC Financial Co	ndition Examiners Handbook, complete the following:	Yes[X] No[]			

1	2		
Name of Custodian(s)	Custodian's Address		
	611 Woodward Avenue, Detroit, MI, 48226		

26.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3	
Name(s)	Location(s)	Complete Explanation(s)	

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year? 26.04 If yes, give full and complete information relating thereto:

Yes[] No[X]

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

26.05 Identify all investment advisers, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

	1	2	3
Centra	Registration		
Deposito	ory Number(s)	Name	Address
111223 104234		1	328 S. Saginaw St., Flint, MI 48502

27.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?
 27.2 If yes, complete the following schedule:

Yes[X] No[]

1	2	3
		Book/Adjusted
CUSIP#	Name of Mutual Fund	Carrying Value
	JPMorgan Equity Index Fund	
922031794	Vanguard Fixed Inc. Sec Fd GNMA #536	2,400,282
	Vanguard Instl Index Fd	

27.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
'			7
		Amount of	
		Mutual Fund's	
		Book/Adjusted	
		Carrying Value	
Name of Mutual Fund	Name of Significant Holding	Attributable to	Date of
(from above table)	of the Mutual Fund	the Holding	Valuation
(IIOIII above table)	of the Mataci Fana	and Holding	Valuation
JPMorgan Equity Index Fund	Exxon-Mobil Corp.	67,563	12/31/2007
JPMorgan Equity Index Fund	General Electric Co.		
	Microsoft Corp.		
JPMorgan Equity Index Fund	AT&T Inc.	32,915	12/31/2007
JPMorgan Equity Index Fund	Proctor & Gamble Co.	29,450	12/31/2007
JPMorgan Core Bond Fund			
	US Treasury Bonds Coupon STRIPS		
JPMorgan Core Bond Fund			
	US Treasury Bonds	19,533	12/31/2007
JPMorgan Core Bond Fund			
Vanguard Fixed Inc. Sec Fd GNMA #536			
Vanguard Fixed Inc. Sec Fd GNMA #536			12/31/2007
	GNMA 5.0%		
	GNMA 6.5%		
Vanguard Fixed Inc. Sec Fd GNMA #536	TriParty Repurchase Agreement	63,127	12/31/2007
Vanguard Instl Index Fd	Exxon-Mobil Corp.		
Vanguard Instl Index Fd			
Vanguard Instl Index Fd	Microsoft Corp.	96,348	12/31/2007
Vanguard Instl Index Fd	AT&T Inc.	87,589	12/31/2007
Vanguard Instl Index Fd	Proctor & Gamble Co.	78,830	12/31/2007

28. Provide the following information for all short term and long term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1	2	3
				Excess of
				Statement over
				Fair Value (-),
		Statement	Fair	or Fair Value over
		(Admitted) Value	Value	Statement (+)
28.1	Bonds	115,098,528	115,197,429	98,901
28.2	Preferred stocks			
28.3	Totals	115,098,528	115,197,429	98,901

28.4	Describe the so	ources of me	ethods utilize	d in determinir	g the fair	values
	Fair values are	provided by	the Company	v's investment	custodian	ıS.

29.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? 29.2 If no, list exceptions:

Yes[X] No[]

#### OTHER

\$..... 121,258

30.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?
30.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1	2
Name	Amount Paid
Michigan Association of Health Plans  Americas Health Insurance Plans	56,000 65,258

\$..... 265,726

31.1 Amount of payments for legal expenses, if any?
31.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2	
Name	Amount Paid	
King, Pagano, Harrison	89,111	

32.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?
 32.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies officers or department of government during the period covered by this statement.

Ì											0
D											υ

1	2
Name	Amount Paid

## PART 2 - HEALTH INTERROGATORIES

1.1	Does the report	ting enti	ty have any direct Medicare Supplement Insurance in force? n earned on U.S. business only:		\$	Yes[] No[X]
1.3	What portion of 1.31 Reason for	Item (1	.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?		\$	0
1.4	Indicate amoun	t of ear	ned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.		\$	0
1.6	Individual polici	ies - Mo	claims on all Medicare Supplement insurance. st current three years:		\$	
	1.61 Total pred 1.62 Total incu	irred cla	ims		\$	0
	1.63 Number of All years prior to		ed lives current three years:			0
	1.64 Total prer 1.65 Total incu	mium ea	arned ims		\$ \$	0
17	1.66 Number of	of cover	ed lives			0
	1.71 Total prer 1.72 Total incu	mium ea	current three years: arned		<b>\$</b>	0
	1.73 Number of	of cover	ed lives		Ψ	
	1.74 Total prer	mium ea				0
	1.75 Total incu 1.76 Number of					0
2.	Health Test					
				1	2	
		2.1	Premium Numerator	Current Year 412 622 335	Prior Year 402,271,797	
		2.2	Premium Denominator	412,622,335	402,271,797	
		2.3	Premium Ratio (2.1 / 2.2)  Reserve Numerator			
		2.5	Reserve Denominator		, -,	
		2.6	Reserve Ratio (2.4 / 2.5)	1.000	1.000	
		the rep	received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed orting entity permits?	will be returned when,	as and if	Yes[] No[X]
	,		ements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers a	and dependents been f	ilad with	
	the appropriate	regulat		•	ilea witti	Yes[X] No[]
				ur		Yes[] No[X]
5.2	If no. explain:	·	ty have stop-loss reinsurance?			Yes[X] No[]
5.3	5.31 Compreh	ensive I	(see instructions): Medical		\$	1,075,000
	5.32 Medical C 5.33 Medicare	Only Supple	ment		•	0
	5.34 Dental 5.35 Other Lim	nited Be	nefit Plan			0
	5.36 Other				\$	0
6.	provisions, con	version	which the reporting entity may have to protect subscribers and their dependents against the risk of insolve privileges with other carriers, agreements with providers to continue rendering services, and any other avoide for continuation of services and hold-harmless language. An insolvency rider is also in place.	rency including hold ha greements:	rmless	
	Does the report If no, give detail		ty set up its claim liability for provider services on a service date base?			Yes[X] No[]
8.	Provide the followard Number of	owing in	nformation regarding participating providers: ors at start of reporting year			2,548
			rs at end of reporting year			2,939
9.1	Does the report	ting enti	ty have business subject to premium rate guarantees?			Yes[] No[X]
3.2	9.21 Business	with rat	e guarantees between 15-36 months e guarantees over 36 months			0
10.4			·			VaarVI Nar I
	2 If yes:	Ū	tity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?		•	Yes[X] No[]
	10.22 Amount	t actuall	unt payable bonuses y paid for year bonuses		\$ \$	18,554,373
	10.23 Maximu 10.24 Amount	ım amoı t actuall	unt payable withholds y paid for year withholds		\$ \$	9,202,704 4,113,670
11.1	I is the reporting	g entity	organized as:			
	11.12 A Medic	cal Grou	ipiŠtaff Model, ractice Association (IPA), or,			Yes[] No[X] Yes[] No[X]
11.2	11.14 A Mixed	d Model	(combination of above)? subject to Minimum Net Worth Requirements?			Yes[X] No[ ] Yes[X] No[ ]
11.3	If yes, show the Michigan	ne name	of the state requiring such net worth.			
11.4 11.4	If yes, show th	ne amou	int required. Id as part of a contingency reserve in stockholder's equity?		\$	31,117,518 Yes[] No[X]
11.6	If the amount	is calcu	lated, show the calculation.	•		100[] NO[A]
10	ŭ		,000, four percent of subscription revenue, three month's uncovered expenditures or RBC after covariance			
ıZ.	LIST SELVICE SLE	505 III W	hich the reporting entity is licensed to operate:			

Name of Service Area

Arenac County, MI
Bay County, MI
Saginaw County, MI
Tuscola County, MI
Shiawassee County, MI
Genesee County, MI
Lapeer County, MI
Oakland County, MI

1
Name of Service Area
Livingston County, MI
Clare County, MI
Portions of Sanilac County, MI
Portions of Huron County, MI
Portions of Midland County, MI
Portions of St. Clair County, MI
Portions of Gladwin County, MI
Portions of Isabella County, MI
Portions of Gratiot County, MI
Portions of Montcalm County, MI
Portions of Macomb County, MI

## **FIVE-YEAR HISTORICAL DATA**

	1	2	3	4	5
BALANCE SHEET (Pages 2 and 3)	2007	2006	2005	2004	2003
Total admitted assets (Page 2, Line 26)	160 571 261	140 223 485	11/ 252 5/6	01 103 867	81 546 425
Total liabilities (Page 3, Line 22)					
Statutory surplus					
4. Total capital and surplus (Page 3, Line 31)	70,000,209	50, 155, 125	44,900,004	33,431,013	20,001,232
	412 622 335	102 271 707	389,252,895	365 381 075	338 603 360
, ,			350,236,408		
6. Total medical and hospital expenses (Line 18)					
7. Claims adjustment expenses (Line 20)					
8. Total administrative expenses (Line 21)					
9. Net underwriting gain (loss) (Line 24)					
10. Net investment gain (loss) (Line 27)					
11. Total other income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	19,816,635	10,017,851	10,857,347	6,920,746	4,929,243
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	23,836,799	26,598,515	24,066,024	12,121,379	1,449,930
RISK-BASED CAPITAL ANALYSIS					
14. Total adjusted capital	76,008,209	58,155,123	44,906,604	33,437,873	28,561,232
15. Authorized control level risk-based capital	15,558,759	15,970,231	15,276,403	14,304,774	13,088,051
ENROLLMENT (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	88,023	93,935	99,269	103,266	107,616
17. Total members months (Column 6, Line 7)	1,068,324	1,145,557	1,208,409	1,258,910	1,287,996
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line					
19)	86.7	89.2	90.0	91.0	92.0
20. Cost containment expenses	2.0	1.8	1.4	1.2	X X X
21. Other claims adjustment expenses	0.9	0.9	0.8	0.5	
22. Total underwriting deductions (Line 23)	96.4	98.5	97.9	98.4	98.8
23. Total underwriting gain (loss) (Line 24)	4	2	2	2	1
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Column 5)	62,108,229	51,960,649	39,045,857	39,410,873	49,759,802
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	65,308,598	54,541,377	41,512,276	39,976,971	50,315,687
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 25, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 39, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 53, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA, Part 2,					
Column 5, Line 7)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31					

## SCHEDULE D - SUMMARY BY COUNTRY Long-Term Bonds and Stocks OWNED December 31 of Current Year

			1	2	3	4
			Book/Adjusted			Par Value of
Description			Carrying Value	Fair Value	Actual Cost	Bonds
BONDS	1.	United States			1,876,670	
Governments (Including all obligations	2.	Canada				
guaranteed by governments)	3.	Other Countries				
guarantood by governmento,	4.	Totals				
	5.	United States				1,300,000
States, Territories and Possessions	6.	Canada	1			
•	7.					
(Direct and Guaranteed)		Other Countries				
D. P.C. T.O. L. P. C. C. C.	8.	Totals				
Political Subdivisions of States,	9.	United States				
Territories and Possessions	10.	Canada				
(Direct and Guaranteed)	11.	Other Countries				
	12.	Totals				
Special revenue and special assessment obligations	13.	United States				
and all non-guaranteed obligations of agencies and	14.	Canada				
authorities of governments and their political	15.	Other Countries				
subdivisions	16.	Totals				
	17.	United States				
Public Utilities	18.	Canada				
(unaffiliated)	19.	Other Countries				
	20.	Totals				
	21.	United States				
Industrial and Miscellaneous and	22.	Canada				
Credit Tenant Loans (unaffiliated)	23.	Other Countries				
Credit Teriant Loans (unanimated)	24.	Totals				
Derent Cubaidiaries and Affiliates	_					
Parent, Subsidiaries and Affiliates	25.	Totals	2 020 040	2 220 040	2.025.402	2.050.000
DDEEEDDED OTOOKO	26.	Total Bonds			3,235,403	3,250,000
PREFERRED STOCKS	27.	United States				
	28.	Canada				
Public Utilities (unaffiliated)	29.	Other Countries				
	30.	Totals				
	31.	United States				
Banks, Trust and Insurance Companies	32.	Canada				
(unaffiliated)	33.	Other Countries				
	34.	Totals				
	35.	United States				1
Industrial and Miscellaneous	36.	Canada				
(unaffiliated)	37.	Other Countries				
(anamiatos)	38.	Totals				1
Parent, Subsidiaries and Affiliates	39.	Totals				-
Taicht, Oubsidianes and Anniates	40.	Total Preferred Stocks				-
COMMON STOCKS	41.					-
COMMON STOCKS						
D. I.F. Herre ( Mr. C. D.	42.	Canada				
Public Utilities (unaffiliated)	43.	Other Countries				_
	44.	Totals				1
	45.	United States	· · · · · · · · · · · · · · · · · · ·		43,822	
Banks, Trust and Insurance Companies	46.	Canada				
(unaffiliated)	47.	Other Countries				
	48.	Totals	<u> </u>			[
	49.	United States	10,953,776	10,953,776	9,398,129	
Industrial and Miscellaneous	50.	Canada				
(unaffiliated)	51.	Other Countries				
	52.	Totals			9,398,129	1
Parent, Subsidiaries and Affiliates	53.	Totals				1
	54.	Total Common Stocks			18,066,951	1
	55.	Total Stocks			18,066,951	1
	56.	Total Bonds and Stocks	22,583,636			1
	50.	י טנמו טטוועט מווע טנטטגט		22,002,333	1,302,334	]

## **SCHEDULE D - Verification Between Years**

#### **Bonds and Stocks**

Book/adjusted carrying value of bonds and stocks, prior year     Cost of bonds and stocks acquired, Column 7, Part 3		Amortization of premium      Foreign Exchange Adjustment:	2,197
3. Accrual of discount.		8.1 Column 15, Part 1	
4. Increase (decrease) by adjustment:		8.2 Column 19, Part 2, Section 1	
4.1 Columns 12 - 14, Part 1		8.3 Column 16, Part 2, Section 2	
4.2 Column 15 - 17, Part 2, Section 1		8.4 Column 15, Part 4	
4.3 Column 15, Part 2, Section 2 (19,371)		9. Book/adjusted carrying value at end of current period	22,583,636
4.4 Column 11 - 13, Part 4 (62,272)	(81,643)	10. Total valuation allowance	
5. Total gain (loss), Column 19, Part 4	92,550	11. Subtotal (Lines 9 plus 10)	22,583,636
6. Deduct consideration for bonds and stocks disposed of		12. Total nonadmitted assets.	
Column 7, Part 4	671,070	13. Statement value of bonds and stocks, current period	22,583,636

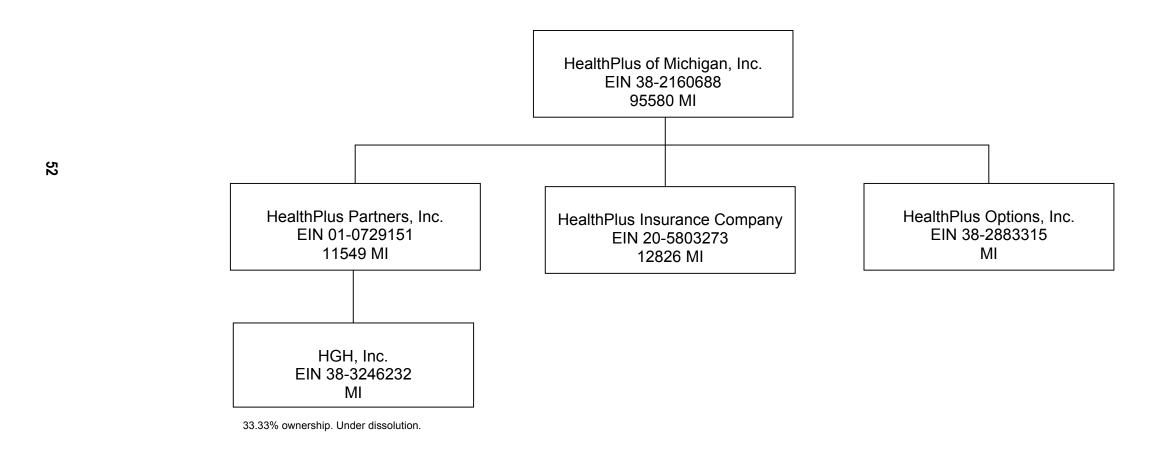
## ANNUAL STATEMENT FOR THE YEAR 2007 OF THE HealthPlus of Michigan, Inc. SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS **ALLOCATED BY STATES AND TERRITORIES**

	ALLOCATED BY STATES AND TERRITORIES									
		1	2	3	4	Direct Bus	iness Only 6	7	8	9
		Is Insurer	2	3	7	Federal	Life & Annuity	,		
		Licensed	Accident			Employees Health	Premiums &	Property/	Total	
	0 5.	(Yes or	& Health	Medicare	Medicaid	Benefits Program	Other	Casualty	Columns	Deposit - Type
1	State, Etc.	No) No .	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 Through 7	Contracts
1	Alabama (AL)	No .								
1	Arizona (AZ)	No .								
l .	Arkansas (AR)	No .								
l .	California (CA)	No .								
l .	Colorado (CO)	No .								
	Connecticut (CT)	No .								
	Delaware (DE)	No .								
	District of Columbia (DC)	No .								
	Florida (FL)	No .								
11.	Georgia (GA)	No .								
12.	Hawaii (HI)	No .								
l .	Idaho (ID)	No .								
1	Illinois (IL)	1								
1	Indiana (IN)	No .								
	lowa (IA)	l .								
1	Kansas (KS)	No .								
	Kentucky (KY)	No .								
1	Louisiana (LA)	No .								
1	Manuand (MD)	No . No .								
l .	Maryland (MD)	1								
1	Michigan (MI)	l .		43,465,672		7,014,858			413,166,647	
	Minnesota (MN)	. 165 . No .	502,000,117			7,014,000			10,100,047	
1	Mississippi (MS)	No .						[		
l .	Missouri (MO)	No .								
	Montana (MT)	No .								
	Nebraska (NE)	No .								
1	Nevada (NV)	No .								
	New Hampshire (NH)	No .								
	New Jersey (NJ)	No .								
	New Mexico (NM)	No .								
	New York (NY)	No .								
l .	North Carolina (NC)	No .								
1	North Dakota (ND)	l .								
	Ohio (OH)	1								
37.	Oklahoma (OK)	l .								
	Oregon (OR) Pennsylvania (PA)	No . No .								
	Rhode Island (RI)									
	South Carolina (SC)	No .								
	South Dakota (SD)									
l .	Tennessee (TN)	l .						l		
	Texas (TX)									
1	Utah (UT)	No .								
	Vermont (VT)	l .								
l .	Virginia (VA)	1								
	Washington (WA)									
	West Virginia (WV)	No .								
	Wisconsin (WI)									
	Wyoming (WY)									
	American Samoa (AS)									
53.	Guam (GU)	No .								
	Puerto Rico (PR)	l .								
	U.S. Virgin Islands (VI)	No .								
l .	Northern Marianas Islands	No								
	(MP)	No . No .								
	Aggregate other alien (OT)	XXX								
	Subtotal	XXX	362,686,117						413,166,647	
	Reporting entity contributions		302,000,117	10,700,012		1,01-1,000			110,100,047	
	for Employee Benefit Plans	XXX								
	TOTAL (Direct Business)	(a)1		43,465,672					413,166,647	
	ILS OF WRITE-INS		. ,,	., , , -,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,	
5801.		XXX								
5802.		XXX								
5803.		XXX								
	Summary of remaining									
l .	write-ins for Line 58 from									
	overflow page	XXX		<u></u>			<u></u>			<u></u>
5899.	TOTALS (Lines 5801 through									
	5803 plus 5898) (Line 58									
	above)	XXX								
/-\ '	rt the number of ves responses e									

(a) Insert the number of yes responses except for Canada and Other Alien. Explanation of basis of allocation of premiums by states, etc.:

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART



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